

Section 4

HRSA Application Section

If you are not applying for the HRSA funds, you need to describe how you will provide primary care services as part of this collaboration. You must complete the three sections under Project Narrative listed below.

Required Materials:

Applicants should submit: 1) a completed Public Health Service Application Form 5161-1, including budget pages, a Project Narrative and a Budget Narrative; and 2) a copy of the most recent Notice of Grant Award document from the Health Center program.

Only those applications that satisfy the threshold criteria will be rated. The threshold criteria are: 1) Applicants for HRSA funds must be a Section 330 Health Center program. A copy of the FY 2002 Notice of Grant Award must accompany the request for HRSA funds. 2) Health centers applying for HRSA funds must not be designated as an exceptional/high risk grantee at the time of application. Note that HRSA may exclude from funding any health center which is significantly out of compliance with Section 330 program expectations.

The following information must be included and in the following order for your application to be complete:

FACE PAGE: Use Standard Form 424 which is part of the PHS 5161-1. In signing the face page of the application, you are agreeing that the information is accurate and complete.

ABSTRACT: Your total abstract should not be longer than 35 lines. In the first 5 or less lines of your abstract, write a summary of your project that can be used in reporting to Congress or press releases, if funded.

TABLE OF CONTENTS: Include page numbers for each of the major sections of your application and for any appendix.

BUDGET FORMS: Completion of Budget Forms

A. Form SF 424A, Sections A-F

1. Budget Summary, SF 424A, Section A

Section A line 1 should reflect the budget for Year 1 of the new collaborative program. Pending the availability of funds for FY 2004 and FY 2005, Section A line 2 should reflect the budget for Year 2 of the new collaborative program and Section A line 3 should reflect the budget for Year 3 of the new collaborative program.

B. Budget Categories, SF 424A, Section B

This Section is a summary of all budget calculations and information for the new collaborative program budget. Each line represents a distinct category that should be addressed in the budget narrative. The columns are designated “grant program, function or activity.” Each column should distribute all the costs of the project budget for the defined period, including all non-Federal funds (State, local and other operational funding and patient service revenue).

Column (1) should reflect all of the costs of Year 1 of the new collaborative program. Pending the availability of funds for FY 2004 and FY 2005, Column (2) should reflect the costs of Year 2 of

the new collaborative program and Column (3) should reflect the costs of Year 3 of the new collaborative program.

PROJECT NARRATIVE:

The Project Narrative describes your project and your project's relationship to the primary applicant or other providers in this collaboration. The Project Narrative may not be more than 15 pages. You must use a font size of 12 point or equivalent. Project narratives exceeding 15 pages and not meeting the font point size requirement will not be reviewed. The application is made up of the following sections:

1. *Project Summary*

The project summary is intended to be a brief synopsis of the proposed design of the primary care component of the collaborative initiative.

The applicant should summarize the need for health services in the target population and the organization's proposed response to that need. The following issues should be addressed.

A. Overview of the Community/Population

- (1) Provide a brief description of the target population for this project and the nature of their health care needs.
- (2) Describe any major issues or barriers to care faced by the target population.

B. Overview of the Organization

- (1) Provide a brief history of the organization proposing to provide primary care and related services, including a discussion of the size and nature of the client population currently being served.
- (2) Describe the experience of the organization in meeting the needs of chronically homeless persons.
- (3) Identify unique characteristics and significant accomplishments of the organization.

2. *Project Plan*

- (1) Relationship of HC to other providers in this collaboration.
- (2) Identify how many people will be served and the number of projected encounters at full operational capacity at the proposed new collaborative program.
- (3) Describe any unique characteristics regarding the health care needs of persons to be served under this initiative.
- (4) Describe the proposed service delivery model and the services to be provided.
- (5) Describe the proposed staffing for the new collaborative program.
- (6) Provide evidence of arrangements in place for the delivery of each of the required services. Required services include:
 - primary health care;

- provision of or arrangements for emergency health services;
- referral for inpatient hospitalization;
- case management services;
- outreach services;
- entitlement eligibility assistance;
- supplemental/additional services, including oral health services;
- provision of or arrangements for accessing mental health and substance abuse services; and,
- coordination with other providers of services, including providers of mental health and substance abuse services.

(7) For each service offered, provide information on:

- the location of services;
- the service setting (e.g., clinic, van, shelter site, patient's residence);
- the arrangements in place to ensure the availability of services (i.e., whether through direct provision by the applicant or provision through subcontract or referral agreement);
- arrangements to guarantee access to the services;
- continuity of care; and,
- coordination of care with other providers involved in the collaboration.

3. *Readiness*

- (1) Where appropriate, include agreement from site sponsor to allow applicant organization to provide services at specified location(s).
- (2) Services must be available within 90 days of the award of program funds.

BUDGET NARRATIVE:

1. Describe the annual budget for years 1, 2, and 3 in terms of:

- (1) The total resources required to achieve the goals and objectives of the new collaborative program;
- (2) The expectations regarding Federal grant support and maximization of non-grant revenue relative to the proposed plan. The applicant must demonstrate that the Federal funds will not supplant other funds, and must make maximum use of third party revenues, including Medicaid;
- (3) The total cost per user;
- (4) The total grant dollars per user;
- (5) One-time minor capital needs; and,
- (6) Applicant should itemize the estimated value of in-kind resources, including equipment, rent, personnel, renovations and alterations, pharmaceuticals, etc.

2. Expense information must include further detail by object class. The budget justifications for the individual programs must be provided in sufficient detail to support one-step below the object class category level, as described below. In addition, if there are budget items for which costs are shared with other programs (e.g., BPHC programs or an independent home health program administered by your organization), the basis for the allocation of costs between federally-supported programs and other independent programs must be explained.

- (1) **Personnel:** Reference Form 2 as justification for dollar figures.

- (2) **Fringe Benefits:** Itemize the components that comprise the fringe benefit rate (e.g., health insurance, FICA, SUTA, life insurance, retirement plan). For any increase greater than 5 percent over the prior year rate, provide an explanation.
- (3) **Travel:** Itemize travel costs according to traveler type (Executive Director, Project Director, Board, provider for continuing medical education (CME), etc.) and explain how the amounts were developed. It is not necessary to itemize each trip or the costs associated with each trip. Applicants should also include costs for one potential trip for 2 staff to Washington, D.C. for a technical assistance meeting.
- (3) **Equipment:** Only major (with a cost over \$5,000 per unit) equipment items need to be itemized. Items costing less than \$5,000 should be aggregated with a brief explanation.
- (4) **Supplies:** Categorize supplies according to type – medical, lab, pharmacy, office. Explain how the amounts were developed (e.g., medical supplies were based on 20,000 encounters at \$2 per encounter to arrive at the \$40,000 appearing in the budget).
- (5) **Contractual:** Categorize substantive programmatic or administrative contracts costs according to type (e.g., medical referral, lab referral, management consultant) under 2 headings – patient care and non-patient care by costs.
- (6) **Alteration and Renovation (A&R):** Describe all A&R in progress.
- (7) **Other:** Itemize all costs in this category and explain in sufficient detail. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, dues, subscriptions, and audit related costs would fall under this category.
- (8) **Indirect Costs** (refer to PHS 5161-1, page 21).